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## Zambia

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

**Patient Population** [Download summary page as PDF](#) [E-mail this page](#)

### Suggest Updates

- [Adults, Adolescents, Pregnant and Breastfeeding Women](#)
- [Children \(3 months to](#)

### Adults, Adolescents, Pregnant and Breastfeeding Women

#### Year Issued:

2013

#### Reference:

Tuberculosis and HIV/Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection

#### Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

#### Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None indicated

#### Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

##### Give TB-IPT for 6 months to the following:

- HIV-infected pregnant and breastfeeding women, adolescents, and adults after ruling out active TB
- Do not give IPT to a patient who has any signs suggestive of active TB. This patient needs full investigation for TB and combination TB treatment if confirmed to avoid TB drug resistance.

##### How to give IPT:

- Give IPT during pre- cART period
- Review and assess for side effects at months 1, 3 and 6 after starting IPT

##### IPT initiation:

Give INH and pyridoxine for 1 month

**Month 1:**

Give INH and pyridoxine for 2 months

**Month 3:**

Give INH and pyridoxine for 3 months

- Give concomitant pyridoxine (vitamin B6) 1 tablet 25 mg once daily to prevent side effects of isoniazid in pregnant & breastfeeding women, adolescents, and adults

## **Criteria for Starting: ARV 1st Line Regimen:**

**HIV and TB co-infection:**

- TDF + 3TC or
- FTC + EFV TDF + 3TC
- or FTC + LPV-r (double the dose of LPV-r if on rifampicin regimen)

**Alternative Regimen:**

- ABC + 3TC + EFV
- ABC + 3TC + LPV-r

**Pregnant, on cART and develops TB:**

- Continue EFV-based cART; Evaluate for failure and consider switching to 2nd line cART in consultation with next level

**Pregnant, on ATT, and diagnosed with HIV:**

- Start cART immediately TDF + XTC + EFV

**If renal insufficiency:**

- ABC + 3TC + EFV

**Newly diagnosed TB (category I) and HIV co-infection OR TB retreatment case (category II) and HIV co-infection:**

- Start cART as soon as ATT is tolerated (usually within 2-3 weeks) regardless of CD4 count or WHO Clinical Stage TDF + XTC + EFV;

**If renal insufficiency:**

ABC + 3TC + EFV

**On cART and develops TB:**If NVP-based regimen:

- Switch NVP to EFV and continue cART.

If on LPV-r:

- Double dose of LPV-r or start rifabutin (in place of rifampicin).

**On ATT and diagnosed with HIV:**

- Start cART as soon as ATT is tolerated (usually within 2-3 weeks) regardless of CD4 count or WHO clinical stage
- TDF + XTC + EF

**If renal insufficiency:**

- ABC + 3TC + EFV

**ARV 2nd Line Regimen:**

**On 2nd line cART with LPV-r and develops TB:**

- Increase LPV-r from 2 tabs BD to 3 tabs BD for 2 weeks and then to 4 tabs BD for the remainder of TB treatment.

If rifabutin available (in place of rifampicin), start at 150 mg Monday/Wednesday/Friday.

**Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):**

Yes

**Children (3 months to Year Issued:**

2013

**Reference:**

Tuberculosis and HIV/Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection

**Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):**

Yes

**Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:**

**Give TB-IPT for 6 months to the following:**

- HIV-infected children <12 months old with TB contact and after ruling out active TB
- HIV-infected children ≥12 months old after ruling out active TB
- After completing a full course of ATT, HIV-infected children should be given an additional IPT x 6 months

**Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:**

**Give TB-IPT for 6 months to the following:**

- HIV-infected children <12 months old with TB contact and after ruling out active TB
- HIV-infected children ≥12 months old after ruling out active TB
- After completing a full course of ATT, HIV-infected children should be given an additional IPT x 6 months

## Criteria for Starting: ARV 1st Line Regimen:

- BC + 3TC + EFV

### Alternative regimen:

- ABC + 3TC + AZT

## Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

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